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		Attorney Doc	ket Num	ber	I-2-0369.1US					
DECLARATION DES	UTILITY OF	-	First Named Inventor Cave et a							
PATENT AF	ATION		COMPLETE IF KNOWN							
(37 CF	3)	Application No	ımber	Not	Yet Known					
_	_	•	Filing Date		Not Yet Known					
☑ Declaration Submitted OR	Sub	laration mitted after Initia			Not Yet Known					
with Initial Filing	(37	g (surcharge CFR 1.16 (e)) iired)	Examiner Nan	ne	Not	Yet Known				
As a below named inven	tor, i her	eby declare that:								
My residence, post office	address,	and citizenship are a	s stated below next to r	пу пате.						
						first and joint Inventor (if plural on the invention entitled:				
5 (	names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  MOBILE COMMUNICATIONS SYSTEM AND METHOD FOR PROVIDING COMMON  CHANNEL COVERAGE USING BEAMFORMING ANTENNAS									
the specification of which  (Title of the Invention)  is attached hereto  OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International										
Application Number			s amended on (MM/DD	Г		(if applicable).				
I hereby state that I have re amended by any amendme		and understand the o	ontents of the above ide		cificati					
I acknowledge the duty to c	lisclose ir	nformation which is n	naterial to patentability a	as defined i	n 37 C	FR 1.56.				
certificate, or 365(a) of any	PCT inte	ernational application dentified below, by cl	which designated at I hecking the box, any fo	east one o reign applic	ountry ation t	ication(s) for patent or inventor's other than the United States of for patent or inventor's certificate, for its claimed.				
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)			Certified Copy Attached? YES NO				
						0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit t	inder 35	U.S.C. 119(e) of any	United States provision							
Application Number	i	(MM/DD/YYYY)								
60/401,697	60/401,697 08/07/2			Ш		tional provisional application pers are listed on a				

supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent				Parent Filing Date			Parent Patent Number (if applicable)					
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Additional	registered	practitioner(s) na	med o	n supplement	al Registere	d Prac	titioner Info	ormation she	et PTO/SB/0	2C attached h	ereto.	
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Name of So	Name of Sole or First Inventor:								ventor			
G	Given Name (first and middle [if any]) Family Name or Surname											
	Christopher Cave											
Inventor's Signature		(de		ک	2					Date	18/07/	
Residence: (	City	Candiac, Quebec State Country Canada Citizenship Ca						Canada				
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Additional	l invento	rs are being na	med c	on the 1 s	upplemen	tal Ad	ditional In	ventor(s) s	heet(s) PT	O/SB/02A att	ached hereto	

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of 1\_

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]	Family Name or Surname								
Marian			Rudo	olf					
Inventor's Marian Rudal		Date (8/7/03							
Residence: City Montreal, Quebec <	State		Country Canada		Citizenship Germany				
2046 Rue de la Visitation									
Mailing Address									
city Montreal, Quebec	State		ZIP QC H2L 3C7	Countr	<sub>untry</sub> Canada				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]	)	Family Name or Surname							
	•								
Inventor's Signature				<u>.</u>	Date				
Residence: City	State		Country	-	Citizenship				
Mailing Address									
Mailing Address									
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])	Family Name or Surname								
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Inventor's Signature		-			Date				
Residence: City	State	Country			Citizenship				
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